



EVALUATION

The sixth component (building block) of community health worker programs is evaluation. All programs benefit from a simple evaluation design.

Evaluation of community health worker programs is effective if the evaluation design and data collection methods are developed with—and discussed, modified, and accepted by—the community health workers. That is, an empowerment approach to evaluation is most effective and appropriate.

Evaluation results are used both to enhance a program and to inform workers of their effect on program goals and objectives.

Evaluation Design

The evaluation process includes constantly asking meaningful questions, gathering information, summarizing and documenting responses, reporting information, and fine-tuning plans to make programs more effective.

Designing the evaluation includes developing measurable objectives, selecting tools, reporting results, and using an empowerment approach to evaluation. By having clearly stated measurable objectives, simple methods of collecting data, and frequent communication of results, evaluation data provide timely and relevant information and aid the day-to-day management and decisionmaking processes.

Developing Measurable Objectives

Evaluation terminology is used inconsistently in the literature. The following definitions of process and outcome objectives are being used for this handbook.

Measurable objectives clearly describe what is intended to be achieved in a specified period of time. Determined by the length of the entire project, these objectives answer the question, “*Who* will do *what* by *when*?”

Measurable objectives establish criteria for evaluating whether the desired behaviors, activities, or outcomes were achieved. These objectives limit and focus the evaluation design on what one “needs to know” rather than on what is “nice to know.” Collecting unnecessary data often creates problems for programs. Asking for too much data or having insufficient data can result in meaningless data collection and wasted resources.

Measurable objectives may be grouped into outcome and process evaluation. *Outcome evaluation* measures program effectiveness. Examples include changes in client knowledge, changes in client stage of readiness, number of eligible participants receiving services, and changes in agency practices. This type of evaluation is often called impact evaluation.

Process evaluation examines how the program is working and identifies areas for improvement. Process evaluation concerns what has been done, when it was done, which activities are working, and whom the program is serving. This type of evaluation can provide feedback to help staff fine-tune program activities.

Selecting Evaluation Methods and Tools

Reasons for collecting evaluation data include improving the program, informing all staff members to enhance communication and create teamwork, informing current funding sources, obtaining additional funding, informing the community, and sharing information with other community health workers and related service or health care programs.

Types of data to collect include community health worker data (e.g., sociodemographics, activities); client data (e.g., age, ethnicity, eligibility, screening test results); program effectiveness data (e.g., the number of eligible participants receiving services); community/agency relationship data (e.g., the number of collaborative activities); and institutionalization data (e.g., funding obtained by external sources). See appendix C, which begins on page 46, for an example of an evaluation framework specific to community health worker programs.

Evaluation methods can be quantitative or qualitative.

Quantitative evaluation answers the question “how many?” and uses standard measures (e.g., questionnaires, pretests and posttests) so that varying experiences can fit into response categories and be counted.

Qualitative evaluation answers the question “why?” and is more open-ended and not constrained by predetermined categories. This type of evaluation describes behaviors of smaller numbers of people in greater depth, provides analysis of written materials, or includes observations. Examples include interviews, focus groups, and content analyses.

Several tools are available to evaluate community health worker programs, including

- Surveys of the population before and after training;
- Community health worker questionnaires or interviews;
- Client questionnaires or interviews;
- Interviews with supervisor or providers;
- Group interviews;
- Self-assessments by community health workers;
- Performance reports of community health workers by supervisors;
- Observational assessments;

- Diaries or logs;
- Patient chart reviews; and
- Reviews of program records.

Reporting Evaluation Results

Reporting evaluation results includes sharing the results regularly (e.g., monthly, quarterly) with the people most interested in the project, including the funding source, program staff, and community. Stakeholders are people who have a vested interest in the evaluation data collected. Stakeholders include community health workers, all staff members of the program (including providers and administrative staff), colleagues in similar programs, supervisors, and funding sources.

Evaluation reports should be based on reporting progress toward achieving measurable objectives. Include what was intended to happen (i.e., measurable objectives), what activities were done to achieve the objectives, to what extent the objectives have been met, what barriers exist to achieving the objectives, and what changes or decisions have been made.

Empowerment Approach to Evaluation

Involving Community Health Workers in Evaluation. Involving community health workers in evaluation designs helps them to understand why data must be collected accurately. It also helps workers identify which data will best reflect their outcomes. Encourage workers to describe how they will know if they are successful. Providing ongoing feedback to community health workers ensures the collection of usable data and furthers their professional growth and development.

Communicating evaluation results to community health workers contributes to the following results:

- Credibility to outsiders;
- Documentation of their accomplishments;
- Increased sense of contribution to the population they are serving; and
- Increased funding.

In an empowerment approach to evaluation, community health workers are both learners and teachers. This democratic form of evaluation allows community health workers and other program staff members to plan, start, analyze, and review their own evaluations. A professional evaluator is used primarily as a coach or consultant to provide training and technical assistance.

Collecting Community Health Worker Stories. Participants can collect stories and use them as case studies to show the effectiveness of community

health workers. Case studies are a good way to show actions taken by community health workers as a result of recognizing a need. Stories may include examples of recruiting eligible women, making changes in the health care system to improve access to services by the intended population, seeking additional funding or support services, and publicizing the available services.



Using the Action Steps Template

Take a few minutes to think about how using the evaluation suggestions might enhance your community health worker program. List two action steps related to evaluation of community health workers that you will take on the Action Steps Template on page 33.